
4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- B. Services supervised by an enrolled psychiatrist or other mental health professional listed in item 6.d.A.;
- C. Services provided in one of the following settings:
 - 1. Joint Commission on the Accreditation of Healthcare Organizations approved outpatient hospital;
 - 2. Community Mental Health Center;
 - 3. County contracted day treatment provider.
- D. Services provided no fewer than one day per week and no more than five days per week;
- E. Services provided for three hours of day treatment per day; and
- F. No more than one individual or one family session per week when in day treatment.
- G. Services that, when provided to the family, are directed exclusively to the treatment of the recipient.

Services in excess of these limits are eligible for medical assistance with prior authorization.

3. **Psychotherapy services** for children. Psychotherapy services require prior authorization as specified in the *State Register*.

Services

Limitations

individual psychotherapy,
20 to 30 minutes

Individual psychotherapy
and one half hour units of
biofeedback training combined,
are covered up to 26 hours per
calendar year

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

<u>Services</u>	<u>Limitations</u>
individual psychotherapy, 40 to 50 minutes	Individual psychotherapy and one hour units of biofeedback training combined, are covered up to 20 hours per- calendar year
family psychotherapy without patient present	up to 20 hours per calendar year when combined with family psychotherapy
family psychotherapy	up to 20 hours per calendar year when combined with family psychotherapy without patient present
family psychotherapy discretionary	up to six hours per calendar year

Psychotherapy services are not covered unless the services, when provided to the family, are directed exclusively to the treatment of the recipient.

4. **Family community support services** for children are services provided by mental health professionals or mental health practitioners under the clinical supervision of a mental health professional, designed to help each child to function and remain with their family in the community. For purposes of item 4.b., a child eligible for family community support services means a child under age 18 who has been determined, using a diagnostic assessment, to be a child with severe emotional disturbance (or, if between ages 18 and 21, a person who has been determined to have a serious and persistent mental illness) who meets the functional criteria defined in Supplement 1 of this Attachment for purposes of targeted case management, or a child who meets one of the criteria listed on page 17a, items A-D for **professional home-based mental health services**.

The diagnostic assessment must have determined that the child meets the functional criteria outlined above and is in need of family community support services.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, or Title V of the Indian Self-Determination and Education Assistance Act, P.L. 106-260 (formerly Title III of P.L. 93-638), operating as a 638 facility, is eligible to provide family community support services.

Additionally, an entity operated by or under contract to the county to provide family community support services is eligible to provide family community support services. Such entities include, but are not limited to:

- A. outpatient hospitals;
- B. community mental health centers; and
- C. community mental health clinics.

A provider of family community support services must meet the qualifications in items A to F and, if applicable, item G, below:

- A. the provider must be able to recruit mental health professionals and mental health practitioners, must have adequate administrative ability to ensure availability of services, and must ensure adequate pre-service and in-service training.
- B. the provider must be skilled in the delivery of mental health services to children with severe emotional disturbance and must be capable of implementing services that address the needs identified in the child's treatment plan.
- C. the mental health professional involved in a child's care must develop and sign the treatment plan and periodically review the necessity for treatment and the appropriateness of care.
- D. The provider must provide, or assist the child or the child's family in arranging emergency services for the child and the child's family.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- E. if the child has no assigned case manager or refuses case management services (and, if applicable, the county board has not done so), the provider must ensure coordination of the components of family community support services.
- F. if applicable, and the county board has not done so, the provider must ensure that family community support services are given in a manner consistent with national core values for child adolescent services.
- G. A provider county or an entity operated by or under contract to a county offering mental health behavioral aide services must:
 - 1) recruit, train, and supervise mental health behavioral aides;
 - 2) conduct a background study of each potential mental health behavioral aide; and
 - 3) not employ a mental health behavioral aide applicant if the applicant does not qualify for licensure pursuant to Minnesota Statutes, section 245A.04, subdivision 3d.

A provider of family community support services must be capable of providing all of the components specified below. Item A is covered as a mental health service under items 2.a., 5.a., 6.d.A. and 9 of this Attachment.

- A. diagnostic assessment;
- B. individual, family, or group skills training that is designed to improve the basic functioning of the child and the child's family in the activities of daily and community living, and to improve the social functioning of the child and the child's family in areas important to the child's maintaining or reestablishing residency in the community. For purposes of this item, "community" means the child's residence, work, school, or peer group. The individual, family, and group skills training must consist of:

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

1. activities designed to promote skill development of both the child and the child's family in the use of age-appropriate daily living skills, interpersonal and family relationships, and leisure and recreational services;
 2. activities that will assist the family to improve its understanding of normal child development and to use parenting skills that will help the child achieve the goals outlined in the child's individual treatment plan (and assistance in developing parenting skills necessary to address the needs of the child); and
 3. assistance in developing independent living skills;
- C. crisis assistance. Crisis assistance services focus on crisis identification and prevention. The services help the child, the child's family and all providers of services to the child to:
1. recognize factors precipitating a mental health crisis;
 2. identify behaviors related to the crisis; and
 3. be informed of available resources to resolve the crisis. Such assistance is designed to address abrupt or substantial changes in the functioning of the child or the child's family evidenced by a sudden change in behavior with negative consequences for well being, a loss of coping mechanisms, or the presentation of danger to self or others. Crisis assistance service components are:
 - a) crisis risk assessment;
 - b) screening for hospitalization; and

4.b. Early and periodic screening, diagnosis, and treatment services:
(continued)

- c) referral and follow-up to suitable community resources.

Crisis assistance services must be coordinated with emergency services. Emergency services must be available 24 hours per day, seven days a week;

- D. mental health crisis intervention and crisis stabilization services. Mental health crisis intervention and crisis stabilization services focus on intensive, immediate, on-site short-term mental health services by a mobile crisis response team to help a child return to the child's baseline level of functioning. A mobile crisis response team is comprised of at least two mental health professionals or at least one mental health professional and one mental health practitioner under the clinical supervision of the mental health professional. At least one member of the team provides on-site intervention and stabilization services.

Mental health crisis intervention and crisis stabilization services components are:

1. a culturally appropriate assessment evaluating the child's:
 - a) current life situation and sources of stress;
 - b) current mental health problems, strengths, and vulnerabilities; and
 - c) current functioning and symptoms;
2. development of a written, short-term crisis intervention plan within 72 hours of the first intervention. The mobile crisis response team must involve the child and the child's family in developing and, if appropriate, implementing the short-term mental health crisis intervention plan under clauses a) or b), below.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- a) if the child shows positive change toward a baseline level of functioning or decrease in personal distress, the mobile crisis response team must document the medically necessary mental health services provided, that treatment goals are met, and that no further mental health services are required.
- b) if the child is stabilized and requires less than eight hours of mental health crisis intervention services or a referral to less intensive mental health services, the mobile crisis response team must document the referral sources, the treatment goals, the medical necessity for mental health services, and the types of mental health services to be provided.

If the child and the child's family refuse to approve the short-term crisis intervention plan, the mobile crisis response team must note the refusal and the reason(s) for refusal; and

- 3. if more than eight hours of mental health crisis intervention services are needed, development of a written long-term intervention plan. The purpose of the long-term intervention plan is to identify strategies to reduce symptomatology of emotional disturbance or mental illness, coordinate linkage and referrals to community mental health resources, and prevent placement in a more restrictive setting such as foster care, an inpatient hospital, or a children's residential treatment facility.

Mental health crisis intervention and crisis stabilization services are limited to no more than 192 hours per calendar year. The services must be coordinated with emergency services and must be available 24 hours a day, seven days a week;

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- E. medically necessary mental health services provided by a mental health behavioral aide. Mental health behavioral aide services are designed to improve the functioning of the child in activities of daily and community living. The mental health behavioral aide services must implement goals in the child's individual treatment plan that allow the child to replace inappropriate skills with developmentally and therapeutically appropriate daily living skills, social skills, and leisure and recreational skills through targeted activities.

Mental health behavioral aide services are provided in the child's home, preschool, school, day care, and other community or recreational settings. Mental health behavioral aide services components are:

1. assisting the child as needed with skill development in dressing, eating, and toileting;
2. assisting, monitoring, and guiding the child to complete tasks, including facilitating the child's participation in medical appointments;
3. observing and intervening to redirect inappropriate behavior;
4. assisting the child in using age appropriate self-management skills as related to the child's emotional disorder or mental illness, including problem solving, decision making, communication, conflict resolution, anger management, social skills, and recreational skills;
5. implementing de-escalation techniques as recommended by the mental health professional;
6. providing other mental health services that the mental health professional has approved as being within the scope of the behavioral aide's duties; and

4.b. Early and periodic screening, diagnosis, and treatment services:
(continued)

7. when directed exclusively to the treatment of the child, assisting the parents to develop and use skills that help the child achieve the goals outlined in the child's individual treatment plan or individual behavioral plan;

"Mental health behavioral aide" means a paraprofessional who is not the legal guardian or foster parent of the child working under the direction of either a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional to implement the mental health services identified in a child's individual treatment plan or individual behavior plan. "Direction" means:

1. one total hour of on-site observation by a mental health professional during the first 12 hours of service;
2. ongoing, on-site observation by a mental health professional or mental health practitioner for at least one hour during every 40 hours of service; and
3. immediate accessibility of the mental health professional or mental health practitioner to the mental health behavioral aide when the services are provided.

An "individual behavior plan" is the plan of intervention, treatment, and services for a child, documenting instruction for the services to be provided by the mental health behavioral aide, written by a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional. The plan must include:

1. detailed instructions on the service to be provided;
2. duration and scope of each service;
3. methods of documenting the child's behavior;

4.b. Early and periodic screening, diagnosis, and treatment services:
(continued)

4. methods of monitoring the progress of the child in reaching objectives; and
5. goals to increase or decrease targeted behavior as identified in the individual treatment plan.

The mental health professional or mental health practitioner determines whether a Level I or Level II mental health behavioral aide is the most appropriate individual to provide services, as well as the number of hours of service. If a Level II mental health behavioral aide is the most appropriate individual to provide the service, but is unavailable, the mental health professional or mental health practitioner must document in the child's individual treatment plan the need for additional instruction of a Level I mental health behavioral aide.

1. a Level I mental health behavioral aide must:
 - a) be at least 18 years of age;
 - b) have a high school diploma or general equivalency diploma (GED) or two years of experience as a primary caregiver to a child with serious emotional disturbance within the previous ten years; and
 - c) meet the following orientation and training requirements:
 - 1) 30 hours of preservice training covering Minnesota's data privacy law; the provisions of Minnesota's Comprehensive Children's Mental Health Act, the different diagnostic classifications of emotional disturbance; the use of psychotropic medications in children and the potential side effects; the core values and principles of the Child Adolescent Service System Program; how to coordinate services between the public education system and the mental health system; how to provide culturally appropriate services; and how to provide services to children with developmental disabilities or other special